

STATE OF WASHINGTON

OFFICE OF INSURANCE COMMISSIONER

State of Washington Loss and Expense Exhibit for Calendar Year 2005

COMPANY NAME: _____ NAIC GROUP CODE: _____

CONTACT PERSON: _____ TITLE: _____ NAIC COMPANY CODE: _____

MAILING ADDRESS: _____ TELEPHONE: _____

CITY / STATE / ZIP: _____ E-MAIL ADDRESS: _____

(AMOUNTS IN THOUSANDS OF DOLLARS)

PREMIUMS, LOSSES EXPENSES AND NET INCOME	MEDICAL MALPRACTICE				ATTORNEYS MALPRACTICE	ARCHITECTS & ENGINEERS MALPRACTICE	MUNICIPAL LIABILITY	DAY CARE CENTER LIABILITY
	PHYSICIANS & SURGEONS	HOSPITALS	OTHER HEALTH CARE PROFESSIONS	OTHER HEALTH CARE FACILITIES				
	1	2	3	4	5	6	7	8
1 Direct Premiums Written.....								
2 Direct Premiums Earned.....								
3a Direct Losses Paid.....								
3b Change in Direct Case Reserves.....								
3c Change in Direct IBNR Reserve.....								
3d Direct Losses Incurred: 3a + 3b + 3c.....								
4 Direct Loss Adjustment Expense Incurred...								
5 Direct Commission and Brokerage Incurred..								
6 Other Acquisition, Field Supervision and Collection Expenses Incurred.....								
7 General Expenses Incurred.....								
8 Taxes, Licenses and Fees Incurred.....								
9 Total Expenses Incurred: 4 + 5 + 6 + 7 + 8.....								
10 Net Investment Gain (Including Net Realized Capital Gains).....								
11 Dividends to Policyholders.....								
12 Net Income Before Federal and Foreign Income Taxes (2 + 10) - (3d + 9 + 11).....								

This exhibit is required by RCW 48.05.380 and .390. It must be filed no later than May 1, 2006.

Send the completed exhibit to:

PROPERTY / CASUALTY ACTUARY
OFFICE OF INSURANCE COMMISSIONER
PO BOX 40255
OLYMPIA, WA 98504-0255